

<i>SERFF Tracking Number:</i>	<i>PHLX-125561787</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CF AR0034302F01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Fire &amp; Allied</i>		
<i>Project Name/Number:</i>	<i>Commercial Fire &amp; Allied/CF AR0034302F01</i>		

## Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Commercial Fire & Allied	SERFF Tr Num: PHLX-125561787	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CF AR0034302F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 03/25/2008
	Date Submitted: 03/20/2008	Disposition Status: Approved
Effective Date Requested (New): 04/21/2008		Effective Date (New): 04/21/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 04/21/2008

State Filing Description:

## General Information

Project Name: Commercial Fire & Allied	Status of Filing in Domicile:
Project Number: CF AR0034302F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/25/2008	
State Status Changed: 03/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Philadelphia Indemnity Insurance Company is introducing an independent optional property endorsement that will be available for commercial risks. It is Communicable Disease And Water-Borne Pathogen - Business Income And Extra Expense Coverage PI-CD-001 (02/08). It endorses to currently filed ISO property forms.

SERFF Tracking Number: PHLX-125561787 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CF AR0034302F01

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Commercial Fire & Allied

Project Name/Number: Commercial Fire & Allied/CF AR0034302F01

This endorsement provides business income and extra expense coverage when the insured's operation is shutdown by a jurisdictional Board of Health because of a communicable disease or water-borne pathogen that causes an actual illness.

## Company and Contact

### Filing Contact Information

Kevin O'Brien, Compliance Analyst II kobrien@phlyins.com  
 One Bala Plaza (610) 617-7752 [Phone]  
 Bala Cynwyd, PA 19004 (866) 282-7495[FAX]

### Filing Company Information

Philadelphia Indemnity Insurance Company CoCode: 18058 State of Domicile: Pennsylvania  
 One Bala Plaza Group Code: 677 Company Type:  
 Suite 100  
 Bala Cynwyd, PA 19004 Group Name: Philadelphia Insurance Companies State ID Number:  
 (610) 617-7900 ext. [Phone] FEIN Number: 231738402  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	03/20/2008	18825553

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/25/2008	03/25/2008

<i>SERFF Tracking Number:</i>	<i>PHLX-125561787</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 03/25/2008

Effective Date (New): 04/21/2008

Effective Date (Renewal): 04/21/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PHLX-125561787	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CF AR0034302F01		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Fire & Allied		
Project Name/Number:	Commercial Fire & Allied/CF AR0034302F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Communicable Disease and Water-Borne Pathogen - Business Income and Extra Expense Coverage	Approved	Yes

SERFF Tracking Number: PHLX-125561787 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CF AR0034302F01

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: Commercial Fire & Allied

Project Name/Number: Commercial Fire & Allied/CF AR0034302F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Communicable Disease and Water-Borne Pathogen - Business Income and Extra Expense Coverage	PI-CD-001	(02/08)	Endorsement/Amendment/Conditions	New	0.00	PI-CD-001.PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****COMMUNICABLE DISEASE AND WATER-BORNE PATHOGEN-  
BUSINESS INCOME AND EXTRA EXPENSE COVERAGE**

This endorsement modifies insurance provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
PROPERTY COVERAGE FORM  
CAUSES OF LOSS FORM**

**SCHEDULE**

**Limits of Insurance:**               \$ 50,000 Each Occurrence  
                                              \$ 100,000 Policy Aggregate

**A. Coverage**

1. We will pay for the actual loss of **“business income”** you sustain and necessary **“extra expense”** you incur during a **“period of restoration”** as a result of having your entire **“operations”** temporarily shut down or suspended. The shutdown or **“suspension”** must be ordered by a local, state or federal Board of Health having jurisdiction over your **“operations.”** Such shutdown must be due directly to an outbreak of a **“communicable disease”** or a **“water-borne pathogen”** that causes an actual illness at the insured premises described in the Declarations. An actual business shutdown must occur.
2. **Extra Expense**
  - a. We will pay any necessary **“extra expense”** for compliance costs arising from the shutdown or **“suspension,”** including but not limited to:
    - (1) The cost of cleaning your equipment and disinfecting the insured premises in accordance with the jurisdictional Board of Health requirements;
    - (2) The cost of replacing consumable goods declared contaminated by the jurisdictional Board of Health;
    - (3) The cost of testing the insured premises to confirm elimination of the **“communicable disease”**;
    - (4) The cost of necessary medical tests, doctors' care, hospitalization, blood work and vaccines for infected persons as required by the jurisdictional Board of Health or other governmental body;
    - (5) The extra advertising costs to restore your business reputation. Payments will begin 24 hours after the appropriate jurisdictional body shuts down or suspends your **“operations,”** and will end within 30 days after the jurisdictional body certifies that the described premises are habitable and may reopen as fully or partially operational; or
    - (6) The cost to evacuate the insured premises.

- b. We will also pay necessary **"extra expense"** (other than the expense to repair or replace property) to:
  - (1) Avoid or minimize the **"suspension"** of business and to continue **"operations"** at the described premises or at replacement or temporary locations, including relocation expenses and costs to equip and operate the replacement or temporary locations.
  - (2) Minimize the **"suspension"** of business if you cannot continue **"operations."**

We will however pay to repair or replace property, but only to the extent it reduces the amount of loss that otherwise would have been payable under this endorsement.

## B. Causes of Loss

**Covered Causes of Loss** under Section A. of the **CAUSES OF LOSS FORM** is replaced by the following for this endorsement only:

Covered Cause of Loss means an outbreak of a **"communicable disease,"** or a **"water-borne pathogen"** caused by infectious or bacterial organisms. The infectious or bacterial organisms must cause actual illness and result in an order from a local, state or federal Board of Health having jurisdiction over your **"operations"** to temporarily shut down or suspend your entire **"operations"** at the insured premises described in the Declarations.

## C. Exclusions

All of the exclusions under the **BUILDING AND PERSONAL PROPERTY COVERAGE FORM**, the **PROPERTY COVERAGE FORM** and the **CAUSES OF LOSS FORM** apply to this endorsement.

## D. Limits of Insurance

The most we will pay for loss in Each Occurrence is the applicable Limit of Insurance shown in the **SCHEDULE** set forth above.

The Policy Aggregate Limit is the most we will pay for the sum of all losses in any one policy period.

## E. Definitions

Solely for the purpose of the coverage provided by this endorsement, the following definitions shall apply:

1. **"Business Income"** means the:
  - a. Net income (net profit or loss before income taxes) that would have been earned or incurred; and
  - b. Continuing normal operating expenses incurred, including payroll.
2. **"Communicable Disease"** means an illness, sickness, condition or an interruption or disorder of body functions, systems or organs that is transmissible by an infection or a contagion directly or indirectly through human contact or contact with human fluids, waste, or similar agent, such as, but not limited to, Meningitis, Measles, or Legionnaire's Disease.
3. **"Extra Expense"** means necessary expenses you incur during the **"period of restoration"** that you would not have incurred if there had been no temporary shutdown or **"suspension"** of your **"operations"** caused by or resulting from an outbreak of a **"communicable disease"** or a **"water-borne pathogen."**



4. **“Operations”** means business activities you perform at the described premises.
5. **“Period of Restoration”** means the period of time that:
  - a. Begins 24 hours after the jurisdictional Board of Health closes your **“operations”** and your premises are evacuated due to illness caused by an outbreak of a **“communicable disease,”** or a **“water-borne pathogen”**; and
  - b. Ends on the earlier of:
    - (1) The day before your **“operations”** resume, either fully or partially; or
    - (2) The day the jurisdictional Board of Health certifies that your premises are habitable and may reopen as fully or partially operational.
  - c. **“Period of restoration”** does not include any increased period required due to the enforcement of any ordinance or law that:
    - (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
    - (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **“pollutants”** as defined herein.

The **“period of restoration”** must begin during the policy period.

The expiration date of this policy will not shorten the **“period of restoration.”**

6. **“Pollutants”** means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapors, soot, fumes, acids, alkalis, chemicals, coolant gases and waste. Waste includes materials to be recycled, reconditioned, or reclaimed. **“Pollutants”** does not include outbreaks of infectious disease that results in illness.
7. **“Suspension”** means the shutdown or cessation of your business activities at the order of any local, state or federal Board of Health having jurisdiction over your **“operations.”**
8. **“Water-borne Pathogen”** means a disease producing agent carried by water that results in the contamination of the water supply.

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## Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: CF AR0034302F01  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/25/2008  
**Comments:**  
**Attachments:**  
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

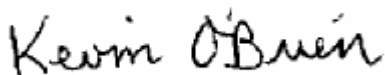
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Philadelphia Insurance Companies				<b>Group NAIC #</b>	0677
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Philadelphia Indemnity Insurance Company	PA	18058	231738402			

<b>5. Company Tracking Number</b>	CF AR0034302F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Kevin W. O'Brien One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst II	877-438-7459	866-282-7495	kobrien@phlyins.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Kevin W. O'Brien			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	01.0 Property			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	01.0001 Commercial Property (Fire and Allied Lines)			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing Title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	4/21/08	Renewal:	4/21/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	3/20/08			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CF AR0034302F01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Philadelphia Indemnity Insurance Company is introducing an independent optional property endorsement that will be available for commercial risks. It is Communicable Disease And Water-Borne Pathogen - Business Income And Extra Expense Coverage PI-CD-001 (02/08). It endorses to currently filed ISO property forms.

This endorsement provides business income and extra expense coverage when the insured's operation is shutdown by a jurisdictional Board of Health because of a communicable disease or water-borne pathogen that causes an actual illness.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>      n/a EFT  <b>Amount:</b> </div> <div style="text-align: center; margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CF AR0034302F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Communicable Disease and Water-Borne Pathogen - Business Income and Extra Expense Coverage	PI-CD-001 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		